Sch	edule E)				PAGE 1 OF 32 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
					O sussines
Chec	k if 🔀 24-hour report 🗌 48-hour report	New rep	port Amends repo		M = M / D = D / Y = Y = Y
F	Full Name of Payee Residence Inn			Date	of Public Distribution/Dissemination
					12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 101 Park Place Boulevard			Amou	unt
	Dity	State	Zip Code	<u> —</u> Г.	858.74
	Covington	LA	70433		saction ID : 9ace339a-a8df-4f8f-9 of Disbursement or Obligation
	Purpose of Expenditure Hotel		Category/ Type 004		12 05 7 2014
N	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursemen 2014	nt For:
F	Full Name of Payee			Date	of Public Distribution/Dissemination
	Jeanne Tribou				12 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 22369 Ponderosa Dr.			Amo	unt
	Dity	State	Zip Code	<u> </u>	35.00
	Mandeville	LA	70471	Trans Date	action ID: 1ad0c588-6920-4d9a-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		12 05 7 2014
1	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	dent State: LA
	Calendar Year-To-Date Per Election for Office Sought		557778.96	Disburseme 2014	nt For: Primary X General Other (specify) ▶
1-	OUDTOTAL of the circulated and an advantage of the circulated and a second a second and a second				200.71
(a) SUBTOTAL of Itemized Independent Expendi	tures		· •	893.74
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·· •	
(с) TOTAL Independent Expenditures			•	141141141
wi	nder penalty of perjury I certify that the indepe th, or at the request or suggestion of, any cand arty committee) any political party committee or	didate or authorized	•		•
	Ms. Emily Buchanan	[Electro	nically Filed] Date	12	07 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	Signature				

Schedule E)	II EXI END	TOTILO		PAGE 2 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Jeanne Tribou			M 12	
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		6.90
Mandeville	LA	70471		tion ID : 3ee20198-689b-4d1d-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1:	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	557778.96	Disbursement F 2014 Othe	For:
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Donavon Fusilier			M	
Mailing Address 155 Chauffpied Elmer Rd Lot 19	ı		1: Amount	2 05 2014
City Marksville	State LA	Zip Code 71351		45.00 ion ID : 3ec5a329-f1ec-4913-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	557778.96	Disbursement F 2014 Other	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditur	· 0.5			51.90
(a) SSE TO THE OF HOME EXPONDING EXPONDING				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		2014

Schedule E)	ZEITT EXTERNO			PAGE 3 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if Z 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Donavon Fusilier			M 1:	
Mailing Address 155 Chauffpied Elmer Rd Lot	19		Amount	
City	State	Zip Code		10.92
Marksville	LA	71351		ction ID: ec4a4988-6147-42eb-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	557778.96	Disbursement F 2014 Othe	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Antoinette Franklin			M	2 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St				2 00 2014
1			Amount	
City	State	Zip Code		50.00
New Orleans	LA	70188		ion ID: 28cc3679-9def-4c44-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures			60.92
				7 7
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		•	7.1.7.1.5.1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	indidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		07
Signature		_		

Schedule E)	ENT EXILID	ITOTIES		PAGE 4 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Jenny N Brown			M 12	05 / 2014
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		50.00
West Monroe	LA	71292		on ID: 0d8c7097-7131-4b48-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	05 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	557778.96	Disbursement Fo	or: Primary X General (specify) ▶
Full Name of Payee			Date of P	Public Distribution/Dissemination
Jenny N Brown			12	
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		13.50
West Monroe	LA	71292		on ID: 3018992e-4740-454c-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	557778.96	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expendent	litures			63.50
(b) SUBTOTAL of Unitemized Independent Expo	enditures		• •	7 7
(c) TOTAL Independent Expenditures			•	47-1-47-1-47-1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J				

Schedule E)	DENT EXILITIES	101120		PAGE 5 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour repo	rt New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Tammay Williams			M = M	blic Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	05 2014
City	State	Zip Code		80.00
New Orleans	LA	70116		n ID : 784e81c4-c0fb-4236-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	557778.96	Disbursement For: 2014 Other (: Primary X General (specify) ▶
Full Name of Payee Tammay Williams Mailing Address 924 N. Prieur St			Date of Pul	blic Distribution/Dissemination
- 02411.1 Hour of			Amount	
City New Orleans	State LA	Zip Code 70116		16.50 n ID : 9787898b-0d07-457a-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Dis	sbursement or Obligation / DDD / YDD Y YDD YDD Y YDD YD
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expe	enditures		· •	96.50
(b) SUBTOTAL of Unitemized Independent Ex	kpenditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the index with, or at the request or suggestion of, any committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 12 07	
Signature				

Schedule E)	IN EXILID	ITOTILO		PAGE 6 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Hannah J Landry			12	05 / 2014
Mailing Address 1110 N Coolidge			Amount	
City	State	Zip Code		20.00
Gonzales	LA	70737		ID: 2bad169b-292f-4aa6-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	557778.96	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Hannah J Landry			12	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 N Coolidge			Amount	
City	State	Zip Code		13.92
Gonzales	LA	70737		ID: 25a22a47-6fb8-4c43-9 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			33.92
			-	4 4
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •	7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 07	2014
-				

Schedule E)	INI EXI END	TIONES		PAGE 7 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Patricia F Árnold			M 12	
Mailing Address 1117 Clipper Dr			Amount	
City	State	Zip Code		18.00
Slidell	LA	70458		tion ID: 67dfb9a2-e875-4cc8-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1:	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	ξ	557778.96	Disbursement F 2014 Othe	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Patricia F Arnold			M 1	
Mailing Address 1117 Clipper Dr			Amount	2014
Oit.	State	7in Code		2.04
City Slidell	LA	Zip Code 70458		3.84 ion ID : 346884c2-5f9f-4db6-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement F 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			21.84
, , ,				7 7 7
(b) SUBTOTAL of Unitemized Independent Expense	nditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	4 4 4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		0 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-				

Schedule E)				PAGE 8 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Donna S Wilson			Date of P	Public Distribution/Dissemination 05 05 05 05
Mailing Address 4456 Country Hill Dr			Amount	
City	State	Zip Code		30.00
Baton Rouge	LA	70816		ion ID : 7ffa617e-27cb-40b9-9 bisbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	557778.96	Disbursement Fo	or: Primary X General r (specify) ▶
Full Name of Payee Donna S Wilson			Date of F	Public Distribution/Dissemination
Mailing Address 4456 Country Hill Dr			12	
			Amount	
City	State	Zip Code		7.80
Baton Rouge	LA	70816	Transaction Date of D	on ID : 63cfebc9-f56a-4bff-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		· •	37.80
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	ididate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	I EXI END			PAGE 9 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 333333733
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Windy Hageman				f Public Distribution/Dissemination
, ,				12 05 Y Y Y Y Y Y
Mailing Address 5521 Randolph St.			Amoun	ıt
City	State	Zip Code		25.00
Marrero	LA	70072		action ID: a1a431fb-fb71-4bbd-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	12
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	ţ,	557778.96	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Gary W Fuhrmann				12 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive			Amour	nt
- C**:	Otata	7:- Odo		60.00
City Shreveport	State LA	Zip Code 71106		60.00 ction ID : d02cad79-2e60-43c8-9 If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	12 D D D D D D D D D D D D D D D D D D D
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	∌S		· •	85.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	12	07 / Y = Y = Y = Y = Y = Y
Signature				

Schedule E)	TI EXI END			PAGE 10 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 00000700
Check if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed on	M / D D / Y D Y D
Full Name of Payee			Date o	of Public Distribution/Dissemination
Gary W Fuhrmann				12 05 7 2014
Mailing Address 9425 Jessica Drive			Amour	nt
City	State	Zip Code	-	9.60
Shreveport	LA	71106		action ID : 7ab09a72-7b46-4f40-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	12 05 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
Francis Richardson				12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd				للنبا لتا ل
			Amour	nt
City	State	Zip Code		30.00
Lafayette	LA	70503		ction ID: e343cee7-933c-45a6-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		12 05 7 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	557778.96	Disbursement 2014 Of	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		· •	39.60
(b) SUBTOTAL of Unitemized Independent Expendent	itures		· •	
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	m / / 12	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	ENT EXICIO	ITOTIES		PAGE 11 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Francis Richardson			M = M /	Distribution/Dissemination
Mailing Address 220 Doucet Rd			Amount	05 2014
City	Ctoto	7in Code		200
City Lafayette	State LA	Zip Code 70503		3.00 D : 1d67267e-25b1-4a6c-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	557778.96	Disbursement For: 2014 Other (specific	Primary
Full Name of Payee Carla K Pilgreen			Date of Public	Distribution/Dissemination
Mailing Address 212 Stonecliff Dr			12 Amount	05 2014
City	State	Zip Code		20.00
West Monro	LA	71291		: 21a058f4-86cb-497f-9 irsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	557778.96	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures		·	23.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7 7 7
				4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 07	2014
Signaturo				

Schedule E)	INT EXILID	ITOTIES		PAGE 12 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Carla K Pilgreen			M M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr			Amount	
City	State	Zip Code		4.80
West Monro	LA	71291		D: 69fbd390-9861-43f6-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	ţ	557778.96	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lesley Lennox			12	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		35.00
Metairie	LA	70001		: 5c3be639-ee08-4249-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	557778.96	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures			39.80
			7	7 -
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	
(c) TOTAL Independent Expenditures)	1 4 1 0
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 07	2014
- 3				

Schedule E)	ENT EXILID	HONES	PAGE FOR S	13 OF 32 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	CATION NUMBER ▼
Women Speak Out PAC			C C00530	766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	/
Full Name of Payee			Date of Public Distribu	ution/Dissemination
Lesley Lennox			12 / 05	2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		4.80
Metairie	LA	70001	Transaction ID : cf51 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	12 / 05	2014
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Ms. Mary L Landrieu		X Oppose	President X Sena	
Calendar Year-To-Date Per Election for Office Sought	,	557778.96	Disbursement For: Pri 2014 Other (specify) ▶	mary X General
Full Name of Payee			Date of Public Distrib	ution/Dissemination
Hilary Townsend			12 05	2014
Mailing Address 4506 US Hwy 79 North			Amount	2014
City	State	Zin Codo		60.00
City Deberry	TX	Zip Code 75639	Transaction ID : 23ecl	obb2-d06b-4da6-b
Purpose of Expenditure Salary		Category/ Type 001	12 / 05	
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Ms. Mary L Landrieu		X Oppose	President Sena	te State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	557778.96	Disbursement For: Pri 2014 Other (specify) ▶	mary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures			64.80
			7	4
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	4
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 07	9 2014
g				

Schedule E)	INI EXI END	ITOTILO		PAGE 14 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D D / Y Y Y Y Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Taylor De Julian-Hernandez			12	05 / 2014
Mailing Address 284 Cr 1401			Amount	
City	State	Zip Code		50.00
Carthage	TX	75633		0:6594d7dd-309c-4050-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	557778.96	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Taylor De Julian-Hernandez			12	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 284 Cr 1401			Amount	
City	State	Zip Code		58.50
Carthage	TX	75633		: 70c98466-7446-417e-a rement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			108.50
(4)			7	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 07	2014
•				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	N NUMBER ▼
۷۱	Vomen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y = Y = Y = Y
	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Jennifer F Gilbert	M	12 ^M	05	2014
	Mailing Address 180 McNeil Steep Hollow Rd	Amou	nt		
	City State Zip Code	Π.			77.50
	Carriere MS 39426			n ID: 06b4bb5c bursement or C	
	Purpose of Expenditure Salary Category/ Type 001		12	/ 05	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary specify) ▶	General
	Full Name of Payee			blic Distribution/	Discomination
	Jennifer F Gilbert	Date		/ DISTIBUTION/	2014
	Mailing Address 180 McNeil Steep Hollow Rd	Amou		03	2014
	City State Zip Code	Т.			40.50
	Carriere MS 39426			ID: 8aeaef49-9	0c1e-4348-8
	Purpose of Expenditure Mileage Category/ Type 002		12 ^M	/ 05 /	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	X General
	(a) SUBTOTAL of Itemized Independent Expenditures				118.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			7 7	
	(c) TOTAL Independent Expenditures			7	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	2 /	07	D / Y Y 201	4
	Signature				

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
T	Full Name of Payee	Date of Public Distribution/Dissemination
	ERIC TABARY	12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6101 NORA ST	Amount
ŀ	City State Zip Code	45.00
	METAIRIE LA 70003	Transaction ID: 8c258f77-68b9-4805-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	12 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
ļ	Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6101 NORA ST	Amount
ľ	City State Zip Code	4.20
	METAIRIE LA 70003	Transaction ID : 2f2a5844-e7fc-4dea-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	12 05 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	49.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may ith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	2 07 2014
	Signature	

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OF

Schedule E)		PAGE 17 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report fil	ed on Man / Dad / Yayayay
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd		12 05 2014 Amount
City State	Zin Codo	110.00
Picayune MS	Zip Code 39466	Transaction ID: 0535f4b4-9e5f-43f1-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	12 / 05 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District:00
Ms. Mary L Landrieu	Oppose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	557778.96 Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd		12 05 2014 Amount
City State	Zip Code	56.10
Picayune MS	39466	Transaction ID : a31a7ea9-3190-4d16-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	12 05 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		166.10
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
Ms. Emily Buchanan Signature	[Electronically Filed] Date	12 07 2014

			FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
vvom	en Speak Out PAC		C C00530766
Check is	24-hour report 48-hour report New report	t Amends report file	ed on Mam / Dab / Yayayay
	Name of Payee		Date of Public Distribution/Dissemination
	aegan E McDaniel		12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ing Address 3009 Skelly St		Amount
City	State Z	ip Code	120.00
		71107	Transaction ID : 20de887a-a1f8-4595-8 Date of Disbursement or Obligation
Pur _l Sal	pose of Expenditure ary	Category/ Type 001	M 12 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nan	ne of Federal Candidate	Support Off	ice Sought: House District: 00
Ms	Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought 555	7778.96 Dis	bursement For: Primary X General Other (specify) ▶
Full	Name of Payee		Date of Public Distribution/Dissemination
	aegan E McDaniel		12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ling Address 3009 Skelly St		Amount
City	State Z	Zip Code	17.40
Sh	reveport LA :	71107	Transaction ID : f6ac37d4-39cc-424e-8 Date of Disbursement or Obligation
	pose of Expenditure eage	Category/ Type 002	12 05 2014
Nar	ne of Federal Candidate	Support Off	ice Sought: House District: 00
Ms	Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	557778.96 Dis 20	bursement For: Primary General Other (specify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditures	·····	137.40
(b) S	SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) T	OTAL Independent Expenditures	>	
with,	r penalty of perjury I certify that the independent expenditures re or at the request or suggestion of, any candidate or authorized c committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronica	ally Filed] Date	12 07 2014
Si	gnature		

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Softedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report X New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Bobbie M Steinsholt	12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3009 Skelly St Amo	ount
City State Zip Code	120.00
Shreveport LA 71107 Tran	nsaction ID: c28bf1f7-61b6-4340-a e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	12 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu	ident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	
	Other (specify)
Full Name of Payee Felicia A Jones Date	e of Public Distribution/Dissemination
Mailing Address 4106 Martha St	12 05 2014 ount
City State Zip Code	60.00
Date	saction ID : 1ca440d9-d2b8-49b0-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	12 05 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12	07 2014
Signature	

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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC I	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on	М	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date o	f Pub	lic Distribution/	Dissemination
	Felicia A Jones		12 ^M	05	2014
	Mailing Address 4106 Martha St	Amoun	t		
ŀ	City State Zip Code		-		7.50
	Shreveport LA 71109			ID: c15a9dc7	7-59ac-47f9-8
	Purpose of Expenditure Mileage Category/ Type 002	M	12	05	2014
ı	Name of Federal Candidate Support Office	Sought	:	House	District:00
	Ms Mary Llandrieu	Preside		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement		Primary specify) ▶	K General
ŀ	Full Name of Payee			olic Distribution	/Discomination
	Michael Vidrine	М	1 Pub	/ DISTRIBUTION,	2014
ľ	Mailing Address 1103 West Wilson Street	Amour			
ŀ	City State Zip Code				60.00
	·			ID: 14d4f306- bursement or (6391-4052-a
	Purpose of Expenditure Salary Category/ Type 001	M	12 ^M	05	2014
	Name of Federal Candidate Support Office	Sought	:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	nt	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement		Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures				67.50
((b) SUBTOTAL of Uniternized Independent Expenditures				
((c) TOTAL Independent Expenditures			7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 12	M /	07	D / Y Y 201	4
	Signature				

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Schedule E)	I LAFLIND	ITONES		PAGE 21 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			M = N	
Mailing Address 1103 West Wilson Street			Amount	05 2014
City	State	Zip Code		24.30
Ville Platte	LA	70586		on ID : 86f7de6c-0a4a-4f4f-9 bisbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	557778.96	Disbursement For 2014 Other	or: Primary X General · (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Elvis Spears			12	
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70119		on ID : 9d0d974a-bdf7-4abc-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	557778.96	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S			104.30
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
				7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	12	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Elvis Spears	12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2150 Hope St	Amount
	City State Zip Code	16.20
	New Orleans LA 70119	Transaction ID: 4a83c270-4d23-437e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	557770 00	ursement For: Primary X General
	Per Election for Office Sought 557778.96 2014	Other (specify) ▶
	Full Name of Payee Debra Lindsey	Date of Public Distribution/Dissemination
	Mailing Address 119 Goldenwood Dr	12 05 2014 Amount
	O'the Other To Other	
	City State Zip Code Slidell LA 70461	80.00 Transaction ID : ebb80c6d-1743-4bc0-a
	Purpose of Expenditure Category/ 001	Date of Disbursement or Obligation
	Salary Out Type 001	12 05 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	96.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	CT11	2 07 2014
	Signature	

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Schedule E)	LIVI EXI END	ITOTILO		PAGE 23 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Debra Lindsey			M M 12	05 / 2014
Mailing Address 119 Goldenwood Dr			Amount	
City	State	Zip Code		25.80
Slidell	LA	70461		ID: d7f6e3bf-bcac-4631-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12 M	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	557778.96	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Joshua E Sherman			12	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 119 Goldenwood Dr			Amount	
City	State	Zip Code		80.00
Slidell	LA	70461		D: 0407edd3-5fcc-42f5-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,.,	557778.96	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			105.80
				7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	
(c) TOTAL Independent Expenditures			•	1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 07	2014

Schedule E)		PAGE 24 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr		12 05 2014 Amount
City State	e Zip Code	70.00
Bossier City LA	·	Transaction ID : 49cc8474-ae5c-4434-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	12 05 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	557778.96 Dist	bursement For: Primary
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr		12 05 2014 Amount
City Stat	e Zip Code	9.54
Bossier City LA	71111	Transaction ID : a13c047a-38c6-44cb-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	12 / 05 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	557778.96 Dis 201	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	•	79.54
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	12 07 2014
Signature	_	

Sch	edule E)	I EXI END	TOTILO		PAGE 25 OF 32 FOR SE OF FORM 24/48	
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Wc	Women Speak Out PAC C c00530766					
Chec	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y	
	Full Name of Payee Billy Martin				of Public Distribution/Dissemination	
N	Mailing Address 250 Js Brewton RD			Amour	12 05 2014 nt	
	Dity	State	Zip Code		70.00	
	Goldonna	LA	71031		action ID : 1464f3b6-41e6-4ba3-a of Disbursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001	M	12 05 / Y Y Y Y	
N	Name of Federal Candidate		Support	Office Sough	t: House District:00	
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement 2014 Of	t For:	
	Full Name of Payee Billy Martin			_	of Public Distribution/Dissemination	
N	Mailing Address 250 Js Brewton RD			Amou		
	City	State	Zip Code		5.10	
	Goldonna	LA	71031		ction ID : 276b94a6-db38-4d57-b of Disbursement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type 002	M	12 / 05 / 2014	
1	Name of Federal Candidate		Support	Office Sough	t: House District:00	
	Ms. Mary L Landrieu		X Oppose	Preside		
	Calendar Year-To-Date Per Election for Office Sought	<u></u>	557778.96	Disbursemen 2014 O	t For:	
(a	substotal of Itemized Independent Expenditure	?S		•	75.10	
(b	o) SUBTOTAL of Unitemized Independent Expenditu	ures		·· •	7 1 7 1 7	
(с	e) TOTAL Independent Expenditures			· [7	
wi	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 12	07	
	Signature					

Schedule E)	LIVI EXI END	TI OILEO		PAGE 26 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Carl Brent			M = M	ic Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			Amount	05 2014
City	State	Zip Code		80.00
New Orleans	LA	70126		ID: 27c9eb78-f551-46bf-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	05 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Carl Brent			12	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr			Amount	2014
City	State	Zip Code		19.20
New Orleans	LA	70126		D: 18081343-5e59-464f-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement For: 2014 Other (s	Primary X General pecify) ►
(a) SUBTOTAL of Itemized Independent Expendent	ditures		>	99.20
(b) SUBTOTAL of Unitemized Independent Exp	enditures			
(c) TOTAL Independent Expenditures				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 12 07	2014
Signature				

Sch	edule E)	VI EXI END			PAGE 27 OF 32 FOR SE OF FORM 24/48	
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Wc	Women Speak Out PAC C c00530766					
Chec	k if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y	
	Tull Name of Payee Zachary Vidrine				of Public Distribution/Dissemination	
N	Mailing Address 202 Rue Des Cajun			Amou		
	Dity	State	Zip Code	— I	100.00	
	Ville Platte	LA	70586		action ID: aa244da0-a8b7-4aeb-a of Disbursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001		12 05 / 2014	
١	lame of Federal Candidate		Support	Office Sough	it: House District: 00	
	Ms. Mary L Landrieu		X Oppose	Preside		
L	Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursemen 2014	ther (specify) ▶	
	Full Name of Payee			Date	of Public Distribution/Dissemination	
	Zachary Vidrine				12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
N	Mailing Address 202 Rue Des Cajun			Amou	int	
	Dity	State	Zip Code	— r	21.90	
	Ville Platte	LA	70586		action ID : 3e90a142-4c72-4a6b-8 of Disbursement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type 002		12 05 7 2014	
1	Name of Federal Candidate		Support	Office Sough	nt: House District: 00	
	Ms. Mary L Landrieu		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought	7 1 7	557778.96	Disbursemer 2014	nt For:	
(a) SUBTOTAL of Itemized Independent Expenditu	res			121.90	
(b) SUBTOTAL of Unitemized Independent Expend	litures		· • [7 1 7 1 7	
(с) TOTAL Independent Expenditures			•		
wi	nder penalty of perjury I certify that the independ th, or at the request or suggestion of, any candid arty committee) any political party committee or its	late or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	07	
	Signature					

Schedule E)				PAGE 28 OF 32 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC							
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y			
Full Name of Payee Christopher Marquess			Date	of Public Distribution/Dissemination			
· ·			[12 05 7 2014			
Mailing Address 110 W Pecan St			Amou	unt			
City	State	Zip Code	— r	50.00			
Ville Platte	LA	70586		saction ID: c19d56b9-c2b0-447f-a of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001		12 05 2014			
Name of Federal Candidate		Support	Office Sough	ht: House District: 00			
Ms. Mary L Landrieu		X Oppose	Presid	dent State: LA			
Calendar Year-To-Date Per Election for Office Sought	5	57778.96	Disbursemen 2014	nt For:			
Full Name of Payee			Date	of Public Distribution/Dissemination			
Christopher Marquess			1	12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 110 W Pecan St			Amo	unt			
City	State	Zip Code	ΗГ.	38.40			
Ville Platte	LA	70586		action ID: f1a1b9ff-2102-470b-b of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002] [12 05 7 2014			
Name of Federal Candidate		Support	Office Soug	ht: House District: 00			
Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	, , ,	557778.96	Disburseme 2014	nt For:			
(a) SUBTOTAL of Itemized Independent Expenditur	es			88.40			
				7-1-7-1-7-1			
(b) SUBTOTAL of Unitemized Independent Expendent	tures		• •	7 7 7			
(c) TOTAL Independent Expenditures			•	7 1 7 1 7			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12	07 / 2014			

Schedule E)	INI EXI END	ITOTILO		PAGE 29 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC	С	C00530766		
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Gage Blank			M M 12	05 / 2014
Mailing Address 5342 Eudora Dr			Amount	
City	State	Zip Code		40.00
Addis	LA	70710		ID: cc365ae4-f4c6-4e70-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	557778.96	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Gage Blank			12	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5342 Eudora Dr			Amount	
City	State	Zip Code		7.80
Addis	LA	70710		D: 6bfce5c2-a63d-4428-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	557778.96	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			47.80
(b) OUDTOTAL of Heitening deal and and Employee				
(b) SUBTOTAL of Unitemized Independent Expen	altures		• •	19 10
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 07	2014
•				

Schedule E)				PAGE 30 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Payee Alice K Salazar				f Public Distribution/Dissemination
Mailing Address 605 W Houston St			L	12 05 2014
			Amoun	t
City	State	Zip Code		80.00
Marshall	TX	75633		ction ID: 3f6432e8-77a9-4f8a-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		12 05 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	557778.96	Disbursement 2014 Otl	For: Primary X General
Full Name of Payee				f Public Distribution/Dissemination
Alice K Salazar				12 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St				
			Amour	ıt
City	State	Zip Code		57.60
Marshall	TX	75633		ction ID: 41df504c-3817-4b1a-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		12 05 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement 2014 Ot	For: Primary General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		•	137.60
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	1711711
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	12	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Sc	hedule E)	- EXI EIIDI			PAGE 31 OF 32 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
W	Women Speak Out PAC C c00530766					
Che	eck if X 24-hour report 48-hour report	New repo	ort Amends rep	port filed on	M = M / D = D / Y = Y = Y	
T	Full Name of Payee Evelyn Lesaicherre			D	Date of Public Distribution/Dissemination	
-	Mailing Address 629 Radiance Ave				12 05 2014	
				A	mount	
	City Metairie	State LA	Zip Code 70001		80.00 ransaction ID : b7ce8275-7711-4857-a	
-	Purpose of Expenditure Salary		Category/ Type 00	-	Date of Disbursement or Obligation 12 / 05 / 2014	
1	Name of Federal Candidate		Support	Office So	ought: House District: 00	
	Ms. Mary L Landrieu		X Oppose	Pre	resident Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	5	557778.96	Disburse 2014	ement For: Primary	
	Full Name of Payee Evelyn Lesaicherre			D	Date of Public Distribution/Dissemination	
	Mailing Address 629 Radiance Ave			A	Amount	
ľ	City	State	Zip Code		7.20	
	Metairie	LA	70001		ansaction ID : cae14f4b-04a3-4f4e-9 Date of Disbursement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type 002	2	12 / 05 / 2014	
	Name of Federal Candidate		Support	Office So	ought: House District: 00	
	Ms. Mary L Landrieu		X Oppose	Pr	resident Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	7	557778.96	Disburse 2014	ement For:	
((a) SUBTOTAL of Itemized Independent Expenditures	s		•	87.20	
((b) SUBTOTAL of Unitemized Independent Expenditu	ures				
((c) TOTAL Independent Expenditures			···· •		
W	Under penalty of perjury I certify that the independer vith, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Da	ite 12	07	
	Signature					

Schedule E)	INT EXI END	ITOTILO		PAGE 32 OF 32 FOR SE OF FORM 24/48			
JAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC							
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Brogan A Benoit			12 /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 7144 South River Rd			Amount				
City	State	Zip Code		60.00			
Addis	LA	70710	II	D: 764bb0a0-ce5e-4fde-8 rsement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	12	05 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	ξ	557778.96	Disbursement For: 2014 Other (spe	Primary			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Brogan A Benoit			12	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 7144 South River Rd			Amount				
City	State	Zip Code		8.10			
Addis	LA	70710		: 39eca81c-67a9-4e8c-a rsement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	12	05 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		557778.96	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶			
(a) SUBTOTAL of Itemized Independent Expend	tures			68.10			
			7	7 7			
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	4			
(c) TOTAL Independent Expenditures			•	3450.16			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 07	2014			